

Ex. 6

KANEKA CASE REPORT FORM
LDL-APHERESIS MA-01

Treatment Date: 12/22/88 Number: 1 Location: Rogosin
Patient I.D. Code: GKRA-107

	Manufacturer	Lot Number	Sterilization/Expiration
SULFLUX:	<u>Kaneka</u>	<u>710203080</u>	<u>87.07.12</u>
LA-15:	<u>Kaneka</u>	<u>870606080-082</u>	<u>870606</u>
MEMBRANE FLT:	<u>Kaneka</u>	<u>70612</u>	<u>870612</u>
LT-MA2 SET:	<u>Kaneka</u>	<u>87123</u>	<u>87.07.12</u>
REGEN. FLUID:	<u>Kaneka</u>	<u>A1A77</u>	<u>1989.7</u>
HEPARIN:	<u>Lupho Med</u>	<u>338713A</u>	<u>3-30-80</u>
SALINE:	<u>Abbo #</u>	<u>24-927 FW</u>	<u>JAN 1 90</u>
RINGERS:	<u>Abbo #</u>	<u>22-651-FW</u>	<u>Nov 1 90</u>

PATIENT INFORMATION

Patient Diagnosis: FH Homozygotes

Access: Arterial Cutdown ☐ A/V Fistula ☐ Venous ☒

Other: _____

Age 9 Sex ✓M / F Weight 26.3 ^{kg}/_{lbs.} Height _____ ft./in.

Pre:

Temp. (°C/°F) 37.5 Pulse (BPM) 80 Resp. (BPM) 25 B.P. (mm/Hg) 110 / 70 Plasma Vol. Estimated 2200 ml.

Post:

Temp. (°C/°F) 37.3 Pulse (BPM) 82 Resp. (BPM) 23 B.P. (mm/Hg) 110 / 70 Plasma Vol. Actual 2200 ml.

Time Blood Sample is Drawn* _____ (hour:minute)

Heparin Bolus 1200U+1500U Heparin 250 IU/ml. Flow Rate 1.5 ml./hr.
2700U

* - For Rebound Studies, record the time the post treatment blood samples are drawn (Day 1 draw times must also be recorded).

THE ROGOSIN INSTITUTE
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STUDY REGRESSION
Atherosclerosis
and LDL-Pheresis
treatment regimen

INDIVIDUAL PHERESIS DATA SHEET

Name:	Gilbert Razzouk		PT#:	K107		Date:	12/22/88	
Visit #:	61	Access	Needle	Arm	Started	Ended	Length	
Rx#:	57	draw	17	R	11:50	14:00	2:10	
Type:	MA-01	return	17	L	Physician	Nurse		
					White			

	WEIGHT	sysBP	dysBP	PULSE	TEMP	HEPARIN
PRE	57.8 kg	110	80	80	37.8	1500U bolus
POST	58.2 kg	110	70	82	37.3	1200+ infused
CHANGE						in column

COLUMN NO.							Total
TIME	11:50		12:50				
PV PROCESSED							
RV							2200
ACOAGULANT	375		375				
PLASMA	6	8	10	15			
RBC Total BF	30	35	40	50			
INFUS. PRESS.							
MA-01 TUBING	87123						
Plasma separator	71020B080						
LA-15 Column 1	870606080						
2	870606082						
Membrane filter	70612						

ADVERSE REACTION: YES ☒ NO ☐ CCU MALFUNCTION: YES ☐ NO ☒
(If Adverse Reaction and/or CCU Malfunction, fill out Adverse Reaction Sheet)

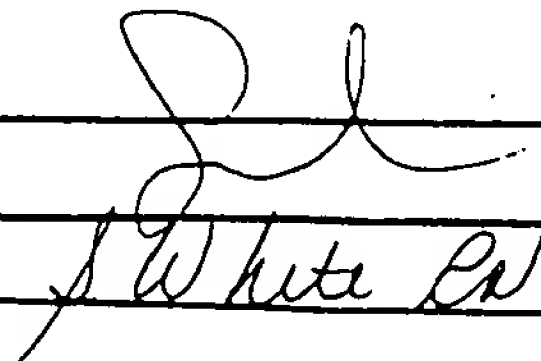
DID PATIENT COMPLETE PROCEDURE? ☒ YES ☐ NO (If you answered "NO", list reason below)

COMMENTS: First time using MA-01 & LA15 filters. Terminated procedure well.

BLOODS DRAWN:

PRE: Lipids

POST: Lipids

	M.D.
J. White MD	R.N.